



Medicare & You

MEDICARE + CHOICE
LOCAL PLAN INFORMATION 2002



CENTERS FOR MEDICARE & MEDICAID SERVICES

Your Medicare health care coverage is one of the most important assets you have. This guide provides information in addition to the Medicare & You 2002 handbook that you recently received in the mail. Use this guide along with Medicare & You 2002 to make decisions about your health care choices.

We're making it easier for you to learn about your choices with...

- ✓ **Information about Medicare.** The Medicare & You 2002 handbook was recently mailed to each household of people with Medicare. This handbook is designed to help you learn about health care choices you have as a person with Medicare.
- ✓ **Expanded phone services.** Call 1-800-MEDICARE (1-800-633-4227) for fast answers to your questions. You can speak with a customer services representative 24 hours a day, including weekends.
- ✓ **Information on the Web.** Look on www.medicare.gov for information you can trust. You can get the most up-to-date Medicare news and answers to your questions right now.
- ✓ **New tool to help you decide.** Choosing the Medicare health plan that's right for you is an important decision. The new "Medicare Personal Plan Finder" can help you make your health plan choice. This new service is on www.medicare.gov on the Web. Or, call 1-800-MEDICARE (1-800-633-4227). Ask about the "Medicare Personal Plan Finder."
- ✓ **Help paying Medicare expenses.** States have programs for people with limited income and resources that pay some or all of Medicare's premiums. Some programs may also pay Medicare deductibles and coinsurance. For more information, see page 58 in the Medicare & You 2002 handbook.

If you are happy with how you get your Medicare benefits now, you don't have to change. No matter which option you choose, you are still in the Medicare program. You will get all the Medicare services and protections you know and trust.

MEDICARE + CHOICE LOCAL PLAN INFORMATION

On the following pages, you will find details about the Medicare + Choice health plans available in your area. Medicare + Choice plans may include Medicare managed care or Medicare Private Fee-for-Service plans. You will also find instructions on how to read and understand the charts in this guide. This information will help you compare your options. It is important for you to understand these options so you can make the best choice for you.

Available in this guide are:

- Phone numbers and addresses of local plans
- Monthly premium charged
- Benefits and costs, including extra benefits like prescription drugs

Some of the plan information may change. Before making a final decision, please call the plans you've chosen to make sure that you have the most recent and complete information available.

MEDICARE + CHOICE LOCAL PLAN INFORMATION

What will I see on the following pages?

You will see a chart of basic information about Medicare + Choice plans in your area. Each company that has a contract with Medicare can offer one or more plans. Companies decide where to do business and may not be available everywhere. Remember to check with the company and ask if the plan you are interested in is offered in your ZIP code.

How do I read the chart?

Medicare + Choice plan descriptions and costs are listed by company name on the following pages. Please read this example before turning to page 5.

If "Information Not Available" appears in the charts, Medicare did not get the information in time to print it. You can look at www.medicare.gov on the Web or call 1-800-MEDICARE (1-800-633-4227) for updated plan information.

EXAMPLE

Maryland								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
ABC Health Plan (H4567) (1) 1-888-555-5555 (2) Approved by Medicare (3) Managed Care Plan (4) Available to current members (5) Quality Measure (6)	Medicare Gold (001) (7)	Prince Georges County (8)	\$50 (9)	Network (10)	Under Review (11)	\$15-\$40 Copay Semi-annual limit (generic, brand non-formulary, preferred brand non-formulary) (12)	Yes, for an extra cost (13)	Yes, for an extra cost (14)

MEDICARE + CHOICE LOCAL PLAN INFORMATION

Description of numbered items in example on page 2:

1. **Company Name.** Name of company that contracts with Medicare to offer Medicare + Choice plans. (The number next to the name is for Medicare's use only.)
2. **Customer Service Number.** Number to call for information about the plan(s) offered.
3. **Approval Status.** Tells you if Medicare has approved the benefits and costs offered by the company for the year 2002. "As submitted by organization" means the company has a current contract with Medicare, but Medicare is still discussing the benefits and costs offered by the company for the year 2002.
4. **Plan Type.** Tells you if this is a Medicare managed care plan or Medicare Private Fee-for-Service plan.
5. **Special Rules.** Tells you if there are special rules for joining this plan.
6. **Quality Measure.** Gives you the results of one question from the Medicare Beneficiary Satisfaction Survey. The question asked plan members to rate the care they had received in six months from all doctors and providers in their own plan, using any number on a scale from 0 (worst possible care) to 10 (best possible care). In a few cases, a note will tell you "Not Available" instead of a quality rating. This means the plan was too new to be measured, or the number of Medicare members was too small to report, or Medicare did not require the plan to report this information.
7. **Name of the Medicare + Choice plan.** (The number next to the name is for Medicare's use only.)
8. **Plan Service Area.** The local area where the plan is being offered. You must live in this area to join this plan. Check to make sure that your ZIP code is in the plan service area.
9. **Monthly Premium.** Amount you pay each month, in addition to your monthly Medicare Part B premium, when you join the plan. In a few cases, a note will tell you "Under Review" instead of a premium amount. This means Medicare and the company are still discussing the amount.

MEDICARE + CHOICE LOCAL PLAN INFORMATION

Description of numbered items in example on page 2: (continued)

10. **Doctor Choice.** Tells you if you must see only doctors who belong to the plan (network) or if you may go out of network.
11. **PCP Copay.** Tells you how much you must pay for each visit to your primary care physician (PCP). If "Under Review" appears, it means that Medicare and the company are still discussing the copayment amount.
12. **Prescription Drug Coverage.** Tells you if the plan covers prescription drugs. If "Yes, for an extra cost" appears, it means you can choose to have prescription drug coverage with this plan, but it will cost you extra. Some plans cover only certain drugs or pay up to a set dollar limit. If the plan covers prescription drugs as part of the plan, you will see the copayment amount for generic drugs. Also, you will see if there is an upper limit for prescription drug coverage. This is a time period, and you should call the plan to find out the dollar limit for this period. There can be limits on the plan-approved drugs, which is a list of generic, brand name, and/or preferred brand name drugs. Also, there may be limits on non-formulary drugs (drugs not on the plan-approved list of drugs). If "Overall" appears, it means that the limit applies to all drugs. If "Unlimited" appears, there is no limit on generic drugs. Call the plan to get all the details of prescription drug coverage so you understand any conditions or limits. If "Under Review" appears, it means that the prescription drug coverage is still being discussed.
13. **Routine Physical Exams.** Tells you if the plan covers routine physical exams. If "Yes, for an extra cost" appears, it means the plan covers routine physical exams, but it will cost you extra. If "Under Review" appears, it means that Medicare and the company are still discussing the routine physical exam coverage.
14. **Vision Services.** Tells you if the plan covers vision services. If "Yes, for an extra cost" appears, it means the plan covers vision services, but it will cost you extra. If "Under Review" appears, it means that Medicare and the company are still discussing the vision services coverage.

Year 2002 Medicare Health Plans Available in Parts of California

Some plans may be open to current members only. Please call 1-800-MEDICARE or the health plan to ask if the plan you are interested in is currently accepting new members.

California								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
Blue Shield of California, Inc. (H0504) 1-800-776-4466 As submitted by organization Managed Care Plan 43% of members rated their care as the best	Blue Shield 65 Plus (015)	Los Angeles County (Partial)	\$0	Network	\$10	\$10 Copay Unlimited	Yes	Yes
	Blue Shield 65 Plus (016)	Orange County	\$35	Network	\$10	\$10 Copay Unlimited	Yes	Yes
	Blue Shield 65 Plus (017)	Riverside County (Partial)	\$55	Network	\$10	\$10 Copay Annual limit (generic)	Yes	Yes
	Blue Shield 65 Plus (018)	San Bernardino County (Partial)	\$55	Network	\$10	\$10 Copay Annual limit (generic)	Yes	Yes

Call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) or look on the Web at www.medicare.gov for more detailed information, including costs and benefits, about these health plans.

* This is the amount you must pay each month to belong to the plan. You must continue to pay the monthly Part B premium (\$50.00 in 2001). New Part B premium amounts will be available in January for the year 2002. Some companies may offer extra benefits for an additional cost. This information is available on www.medicare.gov or through 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired).

** Network means you have to see doctors who belong to the plan. Call the plan to find out if your doctor is a member of the plan.

*** The drug information listed is for generic drugs only. Some plans cover only certain drugs or pay up to a set dollar limit. Call the plan to get all the details of prescription drug coverage so you understand any conditions or limits.

California (continued)								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
Aetna U.S. Healthcare of California, Inc. (H0523) 1-800-832-2640 As submitted by organization Managed Care Plan	Golden Medicare Plan (002)	Los Angeles and Orange Counties	\$25	Network	\$10	\$10 Copay Unlimited	Yes	Yes
44% of members rated their care as the best	Golden Medicare Plan (022)	Riverside and San Bernardino Counties	\$25	Network	\$10	\$10 Copay Unlimited	Yes	Yes
Kaiser Permanente Health Plan, Inc. (H0524) 1-800-443-0815 As submitted by organization Managed Care Plan	Kaiser Permanente Senior Advantage (003)	Southern California Plan 3	\$35	Network	\$10	\$10 Copay Annual limit (combination - Formulary - Generic and Formulary - Brand)	Yes	Yes
43% of members rated their care as the best	Kaiser Permanente Senior Advantage (006)	Southern California Plan 6	\$75	Network	\$10	\$10 Copay Annual limit (combination - Formulary - Generic and Formulary - Brand)	Yes	Yes
	Kaiser Permanente Senior Advantage (001)	Southern California Plan 1	\$57	Network	\$10	\$10 Copay Annual limit (combination - Formulary - Generic and Formulary - Brand)	Yes	Yes

California (continued)								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
Secure Horizons (H0543) 1-800-228-2144 As submitted by organization Managed Care Plan 43% of members rated their care as the best	Secure Horizons Standard Plan I (019)	Kern County	\$55	Network	\$10	\$9 Copay Unlimited	Yes	No
	Secure Horizons Standard Plan I (001)	Los Angeles County	\$0	Network	\$10	\$9 Copay Annual limit (combination - Formulary - Generic and Formulary - Brand)	Yes	Yes
	Secure Horizons Standard Plan I (004)	Orange County	\$0	Network	\$10	\$9 Copay Unlimited	Yes	Yes
	Secure Horizons Standard Plan I (007)	Riverside County	\$30	Network	\$10	\$9 Copay Unlimited	Yes	Yes
	Secure Horizons Standard Plan I (050)	San Bernardino County	\$30	Network	\$10	\$9 Copay Unlimited	Yes	Yes
	Secure Horizons Standard Plan I (013)	San Diego County (I)	\$30	Network	\$10	\$9 Copay Annual limit (combination - Formulary - Generic and Formulary - Brand)	Yes	Yes
	Secure Horizons Standard Plan III (060)	San Diego County (III)	\$40	Network	\$10	\$9 Copay Annual limit (combination - Formulary - Generic and Formulary - Brand)	Yes	Yes
	Secure Horizons Standard Plan I (049)	San Luis Obispo County	\$65	Network	\$15	\$9 Copay Unlimited	Yes	No
	Secure Horizons Standard Plan I (032)	Santa Barbara County	\$65	Network	\$15	\$9 Copay Unlimited	Yes	No
	Secure Horizons Standard Plan I (022)	Ventura County	\$50	Network	\$10	\$9 Copay Unlimited	Yes	No

California (continued)								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
Inter Valley Health Plan (H0545) 1-909-623-6333 ext. 400 As submitted by organization Managed Care Plan 48% of members rated their care as the best	Service To Seniors (001)	Los Angeles County	\$0	Network	\$5	\$8 Copay Unlimited	Yes	Yes
	Service To Seniors (005)	Riverside County	\$50	Network	\$10	\$10 Copay Quarterly limit (overall)	Yes	Yes
	Service To Seniors (002)	San Bernardino County	\$30	Network	\$10	\$10 Copay Unlimited	Yes	Yes
Health Net Of CA (H0562) 1-818-676-7583 As submitted by organization Managed Care Plan 46% of members rated their care as the best	Health Net Seniority Plus (031)	Kern County	\$40	Network	\$10	\$8 Copay Unlimited	Yes	Yes
	Health Net Seniority Plus (002)	Los Angeles	\$0	Network	\$10	\$8 Copay Unlimited	Yes	Yes
	Health Net Seniority Plus (032)	Orange county	\$0	Network	\$10	\$8 Copay Unlimited	Yes	Yes
	Health Net Seniority Plus (012)	San Diego county	\$35	Network	\$15	\$8 Copay Unlimited	Yes	Yes
	Health Net Seniority Plus (017)	Santa Barbara	\$75	Network	\$15	\$8 Copay Unlimited	Yes	Yes

California (continued)								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
Blue Cross of California (H0564) 1-888-230-7338 As submitted by organization Managed Care Plan 39% of members rated their care as the best	Blue Cross Senior Secure (024)	Kern County - Gemcare/ Independence Network	\$50	In some cases, you may go out of network.	\$10	No	Yes	No
	Blue Cross Senior Secure (007)	Kern County, Heritage Network	\$30	In some cases, you may go out of network.	\$10	\$12 Copay Unlimited	Yes	Yes
	Blue Cross Senior Secure (004)	Los Angeles County	\$0	In some cases, you may go out of network.	\$5	\$8 Copay Unlimited	Yes	Yes
	Blue Cross Senior Secure (005)	Orange County	\$0	In some cases, you may go out of network.	\$5	\$8 Copay Unlimited	Yes	Yes
	Blue Cross Senior Secure (026)	Orange Cty - Greater Newport Phys/Edinger Network	\$50	In some cases, you may go out of network.	\$10	No	Yes	No
	Blue Cross Senior Secure (006)	Riverside and San Bernardino Counties	\$0	In some cases, you may go out of network.	\$10	\$8 Copay Unlimited	Yes	Yes
	Blue Cross Senior Secure (009)	San Diego County	\$15	In some cases, you may go out of network.	\$10	\$8 Copay Unlimited	Yes	Yes
	Blue Cross Senior Secure (003)	Santa Barbara County	\$35	In some cases, you may go out of network.	\$15	No	Yes	Yes
	Blue Cross Senior Secure (008)	Ventura County	\$40	In some cases, you may go out of network.	\$5	\$12 Copay Unlimited	Yes	Yes

California (continued)								
Company Information	Plan Name	Plan Service Area	Monthly Premium*	Doctor Choice**	PCP Copay	Prescription Drug Coverage***	Routine Physical Exams	Vision Services
Kaiser Foundation Health Plan, Inc. (H6050) Phone Number Not Available Information Not Available Managed Care Plan Available to current members only 40% of members rated their care as the best	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
UHP Healthcare (H9016) 1-310-671-3465 ext. 3388 As submitted by organization Managed Care Plan 44% of members rated their care as the best	UHP Healthcare for Seniors (002)	Southern California	\$0	Network	\$5	\$10 Copay Monthly and Other limit (combination - Formulary - Generic and Formulary - Brand)	Yes	Yes
SCAN(tm) Health Plan (H9104) 1-562-989-5124 As submitted by organization Managed Care Plan 43% of members rated their care as the best	SCAN Health Plan (006)	SCAN Los Angeles County	\$0	Network	\$5	\$7 Copay Unlimited	Yes	Yes
	SCAN Health Plan (007)	SCAN Orange County	\$30	Network	\$5	\$7 Copay Unlimited	Yes	Yes
	SCAN Health Plan (008)	SCAN Riverside County	\$40	Network	\$5	\$7 Copay Unlimited	Yes	Yes
	SCAN Health Plan (009)	SCAN San Bernardino County	\$40	Network	\$5	\$7 Copay Unlimited	Yes	Yes

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**U.S. DEPARTMENT OF
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Look at Medicare Health Plan Compare at www.medicare.gov on the Web, or call 1-800-MEDICARE (1-800-633-4227) to get help with your Medicare questions.

¿Necesita usted una copia en español? Llame gratis al 1-800-MEDICARE (1-800-633-4227).